



12-19-05

RCO/682
JPW

Atty. Dkt. No. 036481-0135

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joel R. Haynes et al.
Title: Adjuvanted Genetic Vaccines
Appl. No.: 09/433,777
Appl. Filing Date: 11/3/1999
Examiner: A. M. S. Wehbe
Art Unit: 1632

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 423500181	US 12/16/05
(Express Mail Label Number)	(Date of Deposit)
Jane Herold	
(Printed Name)	
Jane Herold	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

Enclosed are:

- ☒ [X] RCE Submission Under 37 CFR 1.114
- ☒ [X] Information Disclosure Statement.
- ☒ [X] Form PTO-1449 with copies of 16 listed reference(s).
- ☒ [X] Supplemental Application Data Sheet.

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The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	30	- 43	= 0	x \$50.00	= \$0.00
Independents	3	- 4	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

[X] Please charge Deposit Account No. 19-0741 in the amount of \$790.00. A duplicate copy of this transmittal is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date December 16, 2005

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By V.S. Nolan
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